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THE FEDERAL GOVERNMENT AND THE PUBLIC HEALTH.

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THE many ineffectual attempts made in past years to establish a National Bureau of Health at Washington have rather discouraged those who have labored with this end in view, and the matter therefore has lain dormant except at times when outbreaks of infectious disease have seriously menaced the public health. At these periods a demand is generally made on the part of the people for such legislation as will place the control of matters pertaining to the public health in the hands of the Federal government. This demand is usually made in a spasmodic and mechanical way, without any special investigation to ascertain whether or not the emergency can be properly met by the State or municipal authorities in charge, and it generally subsides after the panic is over. It certainly has never been sufficiently pronounced and lasting to furnish substantial aid in bringing about the desired result. During these periods of activity, numerous bills, the intent of which is to establish a National Bureau or Department of Health, find their way to the Senate or to the House of Representatives. Almost all of these bills are faulty in construction or impracticable and have but few supporters, and therefore are not afterwards heard from.

The yellow fever outbreak which occurred in the South during the past year has again brought this subject prominently before the public; and it is evident from the organized movements on the part of many of the important medical and commercial bodies throughout the country, that for the first time it is to receive serious consideration on the part of Congress.

So much has been written from different standpoints relative to the national control of the public health that the lay reader particularly gains but little knowledge which is clear and satisfactory to him. I therefore wish to present the matter from the point of view of a practical sanitarian.

In order that the subject may be more clearly understood, it will be treated under the following heads:

First.—Is a National Bureau or Department of Health necessary?

Second.—If the creation of such a department is necessary, from whence comes the opposition which thus far has prevented the desired result?

Third.—If needed, in what manner should such a department be constructed, and what should be its functions?

First.—The history of public sanitation in the United States practically presents two periods—the first extending from the earliest records to the year 1882; the second from the latter date to the present time.

A description of the treatment and prevention of infectious diseases prior to 1882 presents but little which commands the admiration of the modern sanitarian. We find that rules and regulations were enforced, which were not only valueless but often too rigorous and unjust. Added to this was a want of harmony of action in the different sections of the country, frequently to such an extent as to bring ridicule upon the health officials in charge. This naturally generated a lack of confidence, and early in the present century the expediency of placing this important service in charge of the Federal government was vigorously discussed. These facts are very apt to be accepted as an evidence of a want of interest and intelligence on the part of local officials, and as a result discredit has been frequently thrown upon the work performed by State and municipal health officers. That absurd and unnecessary sanitary rules and regulations have been enforced and that there has been a want of uniformity among the States and municipalities cannot be gainsaid, but that this was to a great extent unavoidable will be appreciated by any one who is patient enough to give some study to this subject; for it soon becomes evident that prior to 1882 there was almost a total lack of definite scientific facts upon which could be based an intelligent and uniform plan of action. Therefore, each health official did

what, in his experience, seemed best for the protection of the public against the invasion or extension of infectious disease. Consequently the methods enforced were necessarily empirical and frequently valueless. The dissatisfaction which existed during the earlier times still lingers, not because the same irregular methods are now employed, but because the present situation is not fully understood.

The year 1882 ushered in an exceedingly important period in the history of public sanitation. It may properly be called an educational or scientific epoch, and for the first time it became possible to treat infectious diseases from a scientific standpoint.

In the year above referred to Professor Koch, a distinguished German physician and investigator, reported the discovery of the tubercle bacillus, and in the following year, 1883, of the cholera bacillus. His statements were soon verified and the germ origin of some of the infectious diseases were fully confirmed. Other important discoveries in this line were made in rapid succession, and bacteriological research received a stimulus such as it had never before known. No better idea of its rapid development can be given than by pointing to the fact that in 1884 there was but one laboratory in the world where instruction was given in bacteriology. This was in Copenhagen. To-day there is hardly a city of importance in any country which does not boast of one or more institutions for this purpose.

During the time that has elapsed since Koch's discovery, sanitarians have vied with each other in their endeavors to obtain additional information relative to the treatment and prevention of infectious disease. Exhaustive bacteriological investigations as to the nature of the micro-organisms of cholera, anthrax, diphtheria, tuberculosis, Bubonic plague, yellow fever, etc., have been made, and others are now in progress. Already an antitoxin has been produced for the prevention and cure of diphtheria. The value of this agent in decreasing the mortality of that disease can hardly be overestimated. Experiments with the view of determining the germicidal power of agents known as disinfectants have been made and the results already obtained are eminently satisfactory. We now have indisputable evidence of the destructive power of steam and other disinfectants upon the pathogenic organisms (organisms or germs which cause infectious disease),

and apparatus for the practical application of these agents has been perfected. Therefore definite scientific measures for the prevention of infectious disease have taken the place of the crude and empirical performances of the past. In this work the United States is in advance of many other countries, and it is but fair to state that the important bacteriological and experimental work referred to has been carried on principally by State and municipal officers.

I have intended to show that the absence of uniform action, the enforcement of unjust and frequently valueless rules and regulations, which were characteristic of the methods employed during the first period, were not due to a deliberate effort on the part of health officials to force upon the public their theories for the treatment and prevention of infectious disease, nor to oppose uniform rules and regulations, but to a want of scientific facts, which were needed as a guide for their official action. This condition fortunately is fast becoming a thing of the past, and therefore should have no undue weight in the consideration of the necessity of a National Board of Health. Neither should the fact that a few local officials still cling to the earlier methods be taken as an index of the existing condition of public sanitation in the United States, which is being rapidly placed on a scientific basis.

There is probably no one who has carefully studied the advance made in sanitary science during the past fifteen years who is not convinced that the important and definite knowledge we now possess as to the origin, treatment, and prevention of infectious disease inevitably tends towards a uniformity of action in the enforcement of sanitary rules and regulations throughout the country; that is, so far as the climatic and other local conditions will allow. This, however, would be necessarily slow, and it is believed that the establishment of a National Health Bureau having general supervision over health matters both at the coast and the interior, would, if properly organized, hasten this result and would insure a satisfactory and efficient public health service. This proposition has the full support of the experienced sanitarians and the medical profession in general throughout the country.

Second.—The opposition which has been brought to bear from time to time to defeat legislation tending towards the creation of

a National Bureau of Health is due mainly to the belief that the establishment of such a department would very seriously interfere with the rights of States and municipalities. In addition, those who are interested in this matter have been unable to agree on any one measure to secure the end desired. In the controversy which takes place while this subject is under consideration, the question of State rights occupies a prominent place. There are some who are sufficiently radical to deny that the rights of States and municipalities should for a moment be taken into consideration, provided these in any way interfere with the establishment of a central health bureau. These people would give to the Federal government the entire charge and control of matters relating to the public health, both in the interior and at the coast or quarantine. They dismiss abruptly the suggestion that the harmony of action, which is so earnestly desired, can only be brought about by education and co-operation and not by unnecessarily interfering with the functions of already existing State and municipal officers. These extravagant and immoderate opinions, probably more than anything else, have been responsible for the decided antagonism shown on the part of local officials towards any measure which is meant to deprive them of rights and to belittle responsibilities with which they are clearly invested by their constituents, and it is safe to assume that this has prevented the co-operation which they would have otherwise extended in the effort to secure a National Bureau of Health.

Under the *third* heading is involved the consideration of the most important part of this subject. Those who are interested in the national control of health matters, either directly or indirectly, have gradually during the past six months formed themselves into two distinct factions, each having introduced in Congress a bill which embodies their views on the subject. Aside from the fact that both agree that the Federal government should have much to say in this direction, their ideas as to the methods by which a uniformity of action in public health matters should be brought about are widely divergent and cannot be reconciled. On one side we have the perpetuation of the rather ancient belief, that the national government should be supreme in all matters relating to the public health; that it should be clothed with almost absolute power, sufficient to override at any time State and municipal health authorities without regard to the exi-

gencies of the case. Indeed, it appears to be part of the creed of this faction to belittle the efforts and service of State and municipal health authorities, whom they regard as necessarily incompetent and unworthy of much consideration. A feeling of this kind certainly does not encourage an alliance with local health officials in a combined effort to prevent the entrance or extension of infectious disease in the United States. It is not the apparent desire of these people to show how much can be done in bringing about a uniformity of action with but little Federal power, but they impatiently present evidence to show that the government has the right to override and to supplant State and municipal officers rather than aid and encourage them in their duties. Lengthy legal opinions in confirmation of this are presented—days and weeks have been spent in and out of Congress to show that so far as health matters are concerned, State and municipal rights can be set aside at the will of the Federal authorities. For what purpose is this, if not to indicate that in their opinion force is essential in bringing about a harmony of action among local health officials. This necessarily produces antagonism and resentment, and this is not strange considering the high efficiency which, during the past fifteen years, so many local health organizations have attained. Without the co-operation of State and municipal officers, the administration of public health matters by the national government in any manner would be a dismal failure, no matter what laws may be enacted for this purpose or what procedure followed.

Local health officials, I believe, are generally regarded as intelligent and law-abiding citizens, and are more than willing to act in concert with the Federal government and officials of other States and municipalities in bringing about harmony of action, provided, in their opinion, this does not in any given instance menace the health of their respective communities. There is but little to criticise in this attitude, as it is but natural that the officials in question should regard the safety of their own people as of paramount importance. It is the complication which presents itself just at this particular point, upon which the whole controversy hinges. Suppose, for instance, that the Federal government is clothed with sufficient power to enforce such health regulations as may be deemed advisable by Federal officials; suppose that during the outbreak of yel-

low fever in some portion of the South, a certain town has declared through its local health officer, that no train, vehicle or person shall be allowed to enter or pass through this point—possibly a "shot-gun" quarantine (which is rather a relic of the middle ages, and is to be deprecated) is inaugurated, as an additional means of safety. Soon after the occurrence a Federal officer presents himself at the place and declares that the interference with travel is unnecessary and contrary to the Federal laws, and demands that the restrictions shall be removed. Is there any one simple enough to believe, that in the excited condition of the inhabitants of this town, the demand of the Federal official would be promptly complied with? It must be remembered that these people are sincere, and regard the precaution they have taken as necessary for their protection. Now, what will be left for the Federal official to do? He will either gracefully withdraw without having accomplished his object, or with the power at his disposal will possibly invoke the aid of a United States marshal or other Federal officer, who appreciating that he cannot take the entire community into custody, may endeavor, provided he is allowed to enter the town, to arrest the health officer. In conversation with a Southern health official some time ago regarding this point he stated that it would require a large portion of the Federal army to carry this out. Does not this manner of securing uniformity of action savor of barbarism?

Those who advocate the stringent measures just referred to have voiced their sentiment in a bill introduced in the Senate in the early part of the session by Senator Caffery, of Louisiana. This bill gives to the Secretary of the Treasury, or rather to the Supervising Surgeon-General of the Marine Hospital Service—a branch of the Treasury Department—powers which are autocratic in the extreme. Under the provisions of this measure, the head of the Marine Hospital Service can make and enforce any rule or regulation which may be regarded by him as necessary, without advice or council. I have already given an illustration of the way in which this unusual and autocratic power would probably act. Assuming that the local health official in the case just cited is wrong in his treatment of the situation, he and his neighbors, at least, believe that he is right, and it is not the employment of force which will convince him of his error. That must be done through education and co-operation.

A compliance with the letter and spirit of the Caffery bill would tend to encourage State and municipal officers to shift their duties and responsibilities to the Federal authorities. This would be fatal to the proper protection of the different communities. The government should rather insist that States and municipalities provide competent officials, who shall be held responsible for the proper performance of their duties. The paternalism, in this direction, exhibited by the Marine Hospital Service bids fair to become a menace to the public health. We have already seen the effect of this in several places in the South, where outbreaks of small-pox, diphtheria, etc., have occurred which it should be entirely within the province and capability of the State and municipal officers to cope with. In the instances referred to these duties have been turned over to the Marine Hospital Service. This may be done as a matter of economy, but I should like to ask if the government is prepared to take charge of all the mild outbreaks which may occur at any time or at any point in the United States. I am quite certain that Federal troops are not indiscriminately used by municipalities, which wish to save trouble and expense in supplying proper police protection to its inhabitants. In fact it is of the rarest occurrence that they are detailed for this duty, and although the cases may not be exactly parallel, the principle is the same, namely, that States and municipalities must be prepared to protect themselves. Were it not for this our police and National Guard wonld be inefficient. Why should it not equally be the policy of the national government to encourage an efficient health service in the different States for local protection against disease.

It is fully appreciated by those who have carefully studied this subject that there is but one way to hasten a uniformity of action in public health matters throughout the United States, and that is by *education* and *co-operation*. The truth of this is so apparent that during the past winter almost all the medical and commercial bodies throughout the country have banded together to enact such legislation as will lead to the establishment of a National Bureau of Health ; the functions of which should be to aid and encourage State and municipal officials in the scientific work already begun, to co-operate and, as it were, form a partnership with them for the protection of the country against the in-

vasion of infectious diseases. This bureau should collect information relative to health matters, both at home and abroad; it should be equipped with laboratories for original research and investigation, and in different ways act as an educational centre, and in this manner stimulate local officials to become competent sanitarians and not discourage them in these efforts. This bureau should have the power to assume direct charge in different localities only when it is clearly proven that local officials are unable or incompetent to act. In the making of general rules and regulations it should have the advice and council of expert sanitarians who are familiar with the needs of the different sections throughout the country.

A bill conforming to the above ideas has already been introduced into the Senate by Senator Spooner, of Wisconsin. The bill is broad in its application, is meant to bring about uniformity of action by education, encouragement, and co-operation, and not by antagonism and force. It is safe to say that no bill of this character which has ever been presented to Congress has appealed so directly and forcibly to the element which is best able to judge of the value of such measures, and it is gratifying to know that at the time of writing it has every prospect of success.

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